

Professional Disclosure Statement

Thank you for choosing Newcastle Family Therapy, PLLC. Starting therapy is a major decision and you may have questions—feel free to ask and I will try my best to provide you with the information you need. This document is intended to inform you of my policies, state and federal laws, and your rights.

Professional Credentials

I earned a Masters degree in Marriage and Family Therapy from Virginia Polytechnic and State University in 2001. I am a Licensed Marriage and Family Therapist (#977) through the North Carolina Marriage and Family Therapy Licensure Board. My education and experience have prepared me to provide therapy to children, adolescents, adults, couples, and families.

Informed Consent and Counseling Agreement

Counseling Relationship

During the time we work together, we usually will meet weekly or bi-weekly (depending upon your needs) for approximately 45-50 minute sessions. Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contacts will be limited to our sessions together and necessary phone conversations. Please do not offer me gifts or ask me to engage in social activities with you (this includes social networking).

Effects of Counseling Relationship

At any time, you may initiate with me a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing therapy. Although I expect you to benefit from therapy, I cannot guarantee any specific results. Therapy is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel distressed, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. Although the exact nature of changes resulting from therapy cannot be predicted, I intend to work with you to achieve the best possible results for you.

Record Keeping

Initial paperwork from today, my notes, any billing records, and any work shared and completed during therapy will become a part of your record. Your record is stored in a locked file cabinet.

Cost of services for self-pay clients

The cost of services is \$120.00 per 45-50 minute individual session, \$150 per 45-50 minute family session, and \$150 per 50-minute ERP session. Payment is expected at the end of each session. Longer or shorter sessions are prorated from these basic fees. A receipt will be provided including all information necessary for insurance carriers and health savings accounts. Phone consultation may be billed as a session if the call exceeds 30 minutes. Written reports requested by clients will be completed at a rate of \$50.00 per hour. The cost of services may be

Newcastle Family Therapy, PLLC
1914 Brunswick Avenue, Suite 1B
Charlotte NC 28207
(704) 650-9425

re-assessed annually. Cash, check, and credit (VISA/MasterCard) are acceptable methods of payment.

Cost of services for insurance clients

Co-pays, when applicable, are due at the end of each session. You may be expected to pay for the session in full until your annual deductible is met.

Court

It is my policy not to testify in court unless subpoenaed. Fees for court appearances (including preparation and travel time) and court reports will be \$250.00 per hour; a \$500 retainer fee is due up front and will be applied to any incurred court costs. Court costs are generally not insurance reimbursable.

Confidentiality

Treatment is confidential. This means the client's name and any information about the client will not be discussed without the client and/or guardian's permission. The confidentiality of information you share with me is protected by law and by my professional ethics. There are several exceptions to this policy. **By law, all suspected child abuse and/or neglect must be reported; action must be taken if it is determined a client is in danger to themselves or to others; and it is possible that client information/records will be released if ordered by a court.** Please read over the Privacy Practices for specifics about what information may be disclosed for insurance and billing purposes. In the event that I am ever unable to continue providing therapy, either temporarily or permanently; I have requested for my colleagues Trent Morrow, LCSW, Shawntal Isaiah, LCSW, and/or Valerie Glascock, LPA to contact my clients in order to offer continued services or a referral. I provide the above-mentioned colleagues with a list of my clients' names and numbers.

Emergencies

In the event of a life-threatening emergency please call 911. In the event of a psychiatric emergency, please call 704.650.9425 which is my office/cell number. Please be aware that I may be in session, but will return your call generally within 24 hours.

Contact and Communications/Electronic Communication Policy

Telephone contact: You may reach me by calling (704) 650-9425. Unfortunately, I will not always be available to answer your call. Please leave me a message and I will return your call as soon as possible. This is confidential voicemail.

Email contact: Please feel free to email me at laurie.howell@gmail.com. Please be aware that emails sent from this address are not encrypted. Please limit emails to appointment requests or cancellations. Email is not a substitute for seeing me. If you feel you need to be seen, please call and request an appointment. Email should NOT be used to communicate sensitive medical information such as diagnoses, testing results, or substance abuse information. Emails sent will become a part of your record; a copy will be printed and put in your chart.

Texts and text reminders: Newcastle Family Therapy, PLLC offers a text reminder system to help clients remember the dates and times of appointments. This service is completely optional. Texts to your therapist, like emails, should be kept to appointment requests, appointment cancellations, or requests for a telephone call.

Please check the appropriate boxes related to electronic communications:

- I have read the information regarding electronic communication; **I understand and accept** the confidentiality limitations associated with electronic communications such as email, texts, text reminders for appointments, and faxes.
- I have read the information regarding text reminders and **elect to receive appointment** reminders.
- I have read the information regarding text reminders and elect **NOT** to receive appointment reminders.
- I have read the information regarding electronic communications and elect to **NOT** be contacted via text or email for any reason.

Grievances

If you are dissatisfied with any aspect of our work, please talk with me about it. If you think you have been treated unfairly or unethically, and we cannot resolve the problem, you may contact the North Carolina Marriage and Family Therapy Licensure Board, for clarification of clients' rights as I've explained them to you or to lodge a complaint.

If you have a question, please feel free to ask. Please sign and date. A copy will be returned to you and I will retain a copy for my confidential files.

Please sign below indicating you have read and understand this counseling agreement.

Client Name: _____ Signature: _____ Date: _____

Legal Guardian: _____ Signature: _____ Date: _____

Therapist: Laurie W. Howell, LMFT Signature: _____ Date: _____